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AUTHOR Rogers, Cosby S.; Hicks, Mary W.
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ABSTRACT

A theoretical proposal for a government-sponsored system of licensed parenthood is suggested, based on the premise that overpopulation, child abuse, and emotional, intellectual, and physical handicaps in children could be controlled through legislation. The three-part legislative proposal for licensed parenthood outlined would include: (1) mandatory birth control, (2) application for parenthood, and (3) a screening process for license applicants. Screening procedures would be based on providing an optimal environment for children, and include an evaluation of the prospective parents on the following criteria: genetic make-up, emotional readiness, motivation, intellectual capacity, financial security, knowledge of parent-craft skills, and the nutritional and physiological fitness of the mother. The feasibility of this proposal is discussed and an alternative plan which allows final decisions to be made by prospective parents themselves after counseling is included. (CS)

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EQUAL OPPORTUNITY FOR CHILDREN
(A Proposal for Licensed Parenthood)

by

Cosby S. Rogers
Virginia Polytechnic Institute and State University

and

Dr. Mary W. Hicks
Florida State University

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Children's rights have become an increasing concern among advocates who seek to protect children from hostile or incompetent persons. Day Care workers, teachers, psychologists and doctors are required to obtain a certificate or meet minimal requirements to insure some quality control over persons who affect children's lives. Nonetheless, the single most influential force in a child's life--his parents--is still determined by the discretion of two people who mate at will giving the child a genetic inheritance and an environment. This new little person is left to cope with his inheritance and his socio-emotional environment. What are his chances for survival? Will he have an equal opportunity or will he become the target for a crisis intervention program?

Legislation is needed to assure children as healthy an existence as our technology, resources, and knowledge of human behavior permit, i.e., legislation in the form of licensing for parenthood. Child rearing is a great investment for families and for society and so demands evaluation by a profession concerned with families and children.

Who needs licensed parenthood? Overpopulation and child abuse as well as countless emotional, intellectual, and physical handicaps in children are evidence of the need for quantity and quality controls on parenting.

Who shall be responsible for implementing licensed parenthood? A bureau should be established in the Office of Child Development with representatives from such agencies as The National Institutes of Health and the National Foundation-March of Dimes. Specialists at the bureau should draw up a set of minimal standards for parenting in the form of requirements to be met before a license is issued. These guidelines should be implemented at the county or city level by the clerk of the court, assisted by a local licensing agent who is

trained in genetic and family counseling.

A legislative proposal for licensed parenthood might sound something like this:

- (A) Mandatory birth control shall be practiced by all couples until a parental license has been obtained. This might be accomplished by a long-term contraceptive such as a three-year capsule that is now in the experimental stage of development.
- (B) Prospective parents who desire to have a child shall apply for a license no later than two months prior to the time of the planned conception.
- (C) License applicants shall be screened for the following:
 - 1. Genetic make-up
 - 2. Emotional readiness for child-rearing
 - 3. Motivations for parenthood
 - 4. Intellectual capacity
 - 5. Financial security
 - 6. Knowledge of parent-craft skills
 - 7. The prospective mother's nutritional status and physiological fitness for child bearing.

The applicant's probability of producing children with serious genetic defects such as Down's Syndrome, Tay Sachs disease, haemophilia, or sickle cell anemia might be determined either through a genetic karyotyping of the parents or through screening family history for genetic defects. Smith (1970) proposed a system for detecting abnormal genotypes through population screening, family screening and screening risk groups and then proposed that a genetic register be established for various genetic diseases. Applicants who are considered high risk should be either denied a license or required to have further testing after conception in the form of amniocentesis if the disease is one detectable in chromosomes. The amniotic tap provides hope for intra-uterine diagnosis of chromosomal defects and raises the question of what to do with the defective fetus. Selective abortion of seriously abnormal fetuses might be advisable in cases where the child, if born, would be sentenced to a life of little more than a biological existence. If we give a child biological

life, do we not also owe him a reasonable chance for psychological survival? Giving birth to seriously handicapped children diminishes their chances for an equal opportunity and places stress on parents and siblings.

A second area to be evaluated shall be the applicants' psychological qualifications for parenthood. Margaret Mead, in 1966, suggested two-step marriage in which the first step would be a marriage relationship with no children involved. The second step of marriage, childbearing, would occur only after a stable marital relationship had been established. She proposed that the second step of marriage have its own licensing and ritual system. Olson (1972) has also recommended that couples should not have children until they have established a strong vital marriage. The present proposal suggests that evaluative tests should be conducted for applicants' level of marital stability, emotional maturity, personality types, and psychiatric health. Licenses shall be granted to applicants who demonstrate traits of generativity as described by Erikson. It is thought that this stage of emotional development is necessary in order to be able to look toward meeting the needs of the next generation.

Prospective parents should also be evaluated for their established behavior patterns used in working with young children. This could be assessed through the use of a situational analyses technique such as SIMFAM which was proposed by Olson and Straus (1972). The SIMFAM technique is a playroom interaction game in which participants' behavior is observed and recorded. Prospective parents should be required to interact with young children in such a setting as part of the licensing process. Parents who exhibit behavioral patterns which have been found to be associated with positive development of children would be granted licenses. Some of the desired parental behavioral patterns have been reviewed by Becker (1964).

Another area of concern to those seeking to provide an optimal environment for children shall be the applicants motivations for parenting. Carter (1968) found that parents of adjusted children showed more child-need oriented, humanitarian, and non-need oriented motivations for parenthood than did parents of disturbed children. Major (1967) found that parents of adjusted children had more altruistic motivations for parenting than did parents of maladjusted children. Therefore, one might surmise that licenses should be issued to applicants stating child-oriented or altruistic motives rather than parent-oriented motives such as those aimed at saving a marriage or providing vicarious achievement experiences for parents. Of course, many times parents will be able to meet their own needs at the same time they meet children's needs.

In assessing personality and motivations for parenthood, attention shall be given to excluding applicants found to have behavioral patterns associated with child abuse and neglect. These patterns have been reviewed by Gil (1971), and Giovannoni (1971), and Steele and Pollock (1968).

Licensing specialists shall also be concerned with the intellectual ability of prospective parents. While there seems little need to breed a super-intelligent race, there does appear to be justification for providing newborn children with parents who at least have the mental capacity required for general caretaking and for nurturing the growth and development of children. For this reason, the Licensing Bureau shall be charged with the responsibility of establishing the minimal I.Q. level desired for parenting.

Financial security of prospective parents shall also be assessed before licenses are granted. Applicants who are not financially able to support children, but who meet all other requirements (e.g. I.Q. level, genetic endowment, etc.) and desire to be parents might become recipients of aid to parents of dependent children. It is thought that this approach would help eliminate the possibility of low-income families not being able to parent.

A sixth area to be assessed shall be applicants' knowledge of parentcraft skills. This is hardly a new idea. Hawkins (1972) and McIntire (1973) have proposed that all prospective parents should participate in parent-training classes before the birth of their first child. Prospective parents should be required to complete a course (or provide evidence of knowledge equivalency) in topics such as: (a) physical care and nutritional needs of the newborn and older children; (b) social, emotional, and cognitive developmental patterns of children, and (c) techniques of responding to children's behaviors. Follow-up courses in parentcraft should be required at five year intervals so that parents are prepared for each new stage as the child embarks on it.

A final area of concern shall be the mother's nutritional status and physiological fitness for child bearing. Medical research has provided ample evidence that the health and nutritional status of the mother is related to the physical and mental development of the infant. Various drugs have been found to have a detrimental effect on the fetus and proper nutrition is important for good fetal development. A critical period for embryotic development has been found to be the first trimester--a time when many women do not realize they are pregnant and therefore, do not guard their drug and nutritional intake as they might if they knew they were affecting the development of an unborn child. It is thought that a system of licensed parenthood would ensure better planning for pregnancy so that health and nutrition of the mother could be manipulated to enhance the development of the unborn child.

Proposing a system of licensed parenthood raises many political, ethical, religious and practical considerations. Can a democratic government impose regulation on what has always been an unquestioned practice--i.e., biological

reproduction at the sole discretion of two people who mate at will, giving a child biological life (with or without commitment to his physical and psychological development after birth)? What about religious beliefs that prohibit the use of contraception? Will a black market for licenses develop? Is it really necessary to rear near-perfect children? What is wrong with having retarded and handicapped children in our society? Won't the cost of enforcing such a proposal be prohibitive? These and other questions will need to be resolved before the road to licensed parenthood is paved.

The question of whether a democratic government can impose a system of licensed parenthood should be considered in view of the fact that systems of licensing doctors, pilots, and automobile drivers have been imposed by a democracy for the purpose of protecting innocent persons from incompetent practitioners. Licensed parenthood would be a program aimed at protecting defenseless children from incompetent or unstable parents. Nonetheless, a realistic view of the current political atmosphere in which individual rights (of adults) are highly valued indicates that licensed parenthood is not likely to become a realistic probability in the near future. A compromise that might allow it to become realistic in a democracy involves requiring prospective parents to apply for a parent's license. In order to complete the application procedure, applicants could be required to complete all the evaluative tests suggested in the preceding proposal in much the same way that marriage license applicants are required to have tests for venereal diseases. After completing the tests applicants could be required to have a conference with a licensing counselor who is trained in family and genetic counseling. The counselor's role would be one of interpreting test results to applicants and helping guide their understanding of whether or not having a child would be advisable for them and for the child.

The final decision, according to this plan, would essentially be left to the prospective parents. While this alternate plan for licensing parents will likely be more palatable to individual rights enthusiasts, its most obvious drawback will be the likelihood that many couples who are advised not to have children will nevertheless do so in order to meet their own dependency needs.

Perhaps the most difficult task assigned to personnel responsible for regulating licensed parenthood will be the determination of what is the optimal psychological-emotional environment for child-rearing. Researchers have long sought to determine what makes an ideal parent. We need now to be working on the criteria for parenting for until the minimal standards are established, children will continue to be reared by parents who learn through trial-and-error.

With so much pressure to be ideal parents, we will need to be careful in placing total responsibility for the outcome of children's behavior on the parents, least we create additional psychological burdens and excessive guilt feelings in parents whose children have problems. Individual children are, of course, born with varying biochemical make-ups and temperaments and some are easier to deal with than others. This is the concern expressed by Bergler (1964) in a book called Parents-Not Guilty!

Although many questions remain to be answered before licensed parenthood becomes a realistic possibility, the benefits to be gained from such a plan seem surely to outweigh the drawbacks. Sacrificing some individual freedom, and committing the government to the expense of pre-birth diagnosis offers social rewards in producing children who are more functional for society and it offers economic savings in terms of saving money that is now spent on keeping custodially defective children alive and on crisis intervention programs. The greatest benefit, however, will be for the children--an equal opportunity for well-rounded development, and for living happy, productive, and functional lives.

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